



Resident _____ Non Resident _____
Grade Entering _____ School Year _____

LEXINGTON CITY SCHOOLS STUDENT REGISTRATION FORM

www.lexedu.org

Student's Name: _____
(Last) (First) (Middle) (Name to be called)

Date of Birth: _____ Place of Birth: _____

Address: _____

Phone Number: _____

E-mail address: _____

Ethnicity: Is the student Hispanic or Latino? _____ Gender: Male Female

Does the student's parent/guardian have an affiliation with the military? (yes or no) _____

If yes, please circle one:

- Active Duty; Student is a dependent of the Active Duty forces
- National Guard or Reserve; Student is a dependent of the National Guard or Reserve Forces

What is the student's race? Please circle:

Black/African American • Asian • American Indian or Alaska Native • Native Hawaiian/Other Pac Islander • White

What is the student's Ethnicity? Please circle:

African-American • American Indian/Alaska Native • Asian • Caucasian • Hispanic • Pacific Islander • Unspecified

Has this student been expelled or suspended from another school or school division? YES NO

Family Information:

Parent: (CIRCLE ONE: mother, father, stepmother, stepfather)

Full Name: _____ Cell Phone Number _____
Address: _____ Home Phone Number _____
Employer: _____ Work Phone Number _____
Email Address: _____

Parent: (CIRCLE ONE: mother, father, stepmother, stepfather)

Full Name: _____ Cell Phone Number _____
Address: _____ Home Phone Number _____
Employer: _____ Work Phone Number _____
Email Address: _____

Parent: (CIRCLE ONE: mother, father, stepmother, stepfather)

Full Name: _____ Cell Phone Number _____
Address: _____ Home Phone Number _____
Employer: _____ Work Phone Number _____
Email Address: _____

(PLEASE COMPLETE REVERSE SIDE ALSO)

Parent: (CIRCLE ONE: mother, father, stepmother, stepfather)

Full Name: _____

Cell Phone Number _____

Address: _____

Home Phone Number _____

Employer: _____

Work Phone Number _____

Email Address: _____

Guardian (appointed guardian, not father or mother):

Full Name: _____

Cell Phone Number _____

Address: _____

Home Phone Number _____

Employer: _____

Work Phone Number _____

Email Address: _____

With whom does the child live? _____

If different from parents, give name, address, phone number and relation to pupil.

Number of children in family (including the student you are registering) **Boys** _____ **Girls** _____

Names and ages of all children in family:

Last Name	First Name	Age	Grade	Current School

The following questions are to determine if your child will be tested for eligibility of English Language Services:

What is the primary language used in the home, regardless of the language spoken by the student:

What is the language most often spoken by the student: _____

What is the language that the student first acquired: _____

Family Doctor: _____ **Phone Number:** _____

Family Dentist: _____ **Phone Number:** _____

In the event of an emergency, whom should we contact if you can't be reached?

NAME: _____ PHONE #: _____

Please list any illnesses, allergies, drug sensitivity or serious chronic conditions your child has:

Please list any serious injuries or disabilities the school should know about:

Is your child required to take any medication on a regular basis? (PLEASE LIST MEDICATIONS)

In the event of an accident or serious illness, I ask that the school contact me. If the school is unable to reach me, I authorize the school to contact the physician listed above and follow his/her instructions. If the medical person is not available, the school may arrange for care as needed at my expense.

Parent Signature: _____

Date: _____

(CONTINUE TO NEXT PAGE)

Please check if any of the following pertain to the student:

___ Living in a foster home ___ Gifted /Talented ___ Migrant ___ Refugee/Immigrant
___ Receiving ESL services ___ Has an IEP ___ Has a 504 plan

Does your child stay in any of the places listed below? If so, please check the appropriate line; if not leave this section blank.

___ in a shelter ___ in a motel/hotel ___ in a car ___ at a campsite ___ other
___ in another location that is not appropriate for people
___ temporarily with more than one family in a house, mobile home or apartment, because the family does not have a place of its own

SPECIAL EDUCATION SERVICES

Does your child receive special education services (Individualized Education Program or IEP)? YES NO
If YES, please complete the section below:

TEMPORARY PLACEMENT FORM FOR SPECIAL EDUCATION STUDENTS TRANSFERRING INTO LEXINGTON CITY SCHOOLS

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN:

I, _____, **GIVE permission** for my child, _____, to be
(Parent/Guardian Name) (Student Name)

temporarily placed in a special education program similar to the one in which he/she was enrolled at:

_____ in _____
(Name of Previous School) (City/State/Zip Code)

This decision will be implemented after Lexington City Schools personnel either receives a current IEP from the previous school or verifies placement with the previous school by mail or phone. I have completed and signed a records release so that Lexington City Schools may request my child's records from his/her previous school.

A Lexington City Schools IEP will be developed within thirty calendar days of the student's enrollment in the Lexington City School system.

(Parent/Guardian Signature)

(Date)

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I, _____, **do NOT give permission** for my child _____, to be
(Parent/Guardian Name) (Student Name)

temporarily placed in a special education program similar to the one in which he/she was enrolled at:

_____ in _____
(Name of Previous School) (City/State/Zip Code)

(Parent/Guardian Signature)

(Date)

THIS SECTION TO BE COMPLETED BY THE SCHOOL OFFICE:

Date of Enrollment: _____ Classroom Teacher: _____ Case Manager: _____

*Please send copies of this form to: (1) Special Education Office (2) student's Special Education Case Manager

*Please send copies of all confidential records to the Special Education Office as soon as possible